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## APPLICANTS

Bruce S. McLean, Sandy, UT;

*None KCS*

\*\* CONTINUING DATA \*\*\*\*

*None KCS*

\*\* FOREIGN APPLICATIONS \*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/02/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	UT	DRAWING 6	CLAIMS 13	CLAIMS 3
Verified and Acknowledged	Examiner's Signature <i>KCS</i>	Initials			

## ADDRESS

John M. Guynn  
 WORKMAN NYDEGGER  
 1000 Eagle Gate Tower  
 60 East South Temple  
 Salt Lake City, UT  
 84111

## TITLE

Syringe mixer and syringe apparatus incorporating the mixer

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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